

## Beechcroft Residential Home

# Beechcroft Residential Home

### Inspection report

Salop Drive, Oldbury, West Midlands B68 9AG  
Tel: 0121 429 2993

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

The provider is registered to accommodate and deliver personal care to a maximum of 50 people. People who live there are elderly and some may have needs associated with dementia.

Our inspection was unannounced and took place on 8 June 2015. At the time of our inspection 42 people lived there.

At our last inspection in April 2014 the provider was not meeting two of the regulations that we assessed relating to staffing levels and quality monitoring. During this inspection we found that some improvements had been made concerning the specific issues. However, although the evidence gathered during this inspection did not determine a breach of regulation, further improvements were needed.

A new manager was registered with us (in January 2015) as is required by law. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some people and staff had mixed views about staffing levels. The registered manager and provider agreed to review staffing levels to ensure people's needs would be consistently met.

Although people told us that they felt safe. We observed some risks regarding the environment that could jeopardise people's safety.

# Summary of findings

Systems in place did not always promote safe medicine management to prevent people being placed at risk of possible ill health.

Staff were trained effectively to support the people who lived there safely.

Staff knew what to do to ensure the risk of harm to people was prevented and that people received care and support in a safe way.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that the registered manager was meeting the requirements set out in the MCA and DoLS to ensure that people received care in line with their best interests and were not unlawfully restricted.

Staff supported people with their nutrition and health care needs.

People were able to make choices about their care. Where it was needed families were involved in how their family member's care was planned and delivered.

Systems were in place for people and their relatives to raise their concerns or complaints.

People were encouraged and supported to engage in recreational activities which they enjoyed. Staff supported people to keep in contact with their family as this was important to them.

People were encouraged and supported by staff to be independent and attend to their own personal care needs when they could.

All people received assessment and treatment when needed from a range of health care professionals.

People and relatives we spoke with were all positive about the quality of service. A number of processes were used to monitor the quality of the service provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

People and their relatives told us that the service was safe. Staff knew how to support people appropriately to prevent them being at risk of abuse and harm.

Systems in place did not always promote safe medicine management to prevent people being placed at risk of possible ill health.

Some concern regarding staffing levels were raised by people and some staff.

**Requires improvement**



### Is the service effective?

The service was effective.

People told us that they received effective care and support.

Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported to eat and drink what they liked in sufficient quantities to prevent them suffering from ill health.

Staff communicated and worked closely with a wider multi-disciplinary team of health and social care professionals to provide effective support.

**Good**



### Is the service caring?

The service was caring.

All people and their relatives told us that the staff were kind and we saw that they were.

People's dignity and privacy was promoted and maintained and their independence regarding their daily life skills was encouraged.

**Good**



### Is the service responsive?

The service was responsive.

People's needs were assessed regularly and their care plans were produced and updated with their and their family involvement.

Staff were responsive to people's preferences regarding their daily routines and needs.

The provider offered recreational activities that people could participate in and enjoyed.

**Good**



### Is the service well-led?

The service was not always well led.

**Requires improvement**



# Summary of findings

The service was not always monitored robustly to ensure that systems were being adhered to by staff and that risks to people were minimised.

A registered manager was in post and all conditions of registration were met.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

# Beechcroft Residential Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection was unannounced and took place on 8 June 2015. Our inspection team included an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person had experience of caring for and supporting an elderly relative.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information is then used to help us plan our inspection. The form was completed and returned so we were able to

take information into account when we planned our inspection. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We asked the local authority their views on the service provided and they told us that they were not aware of any current concerns. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with eight staff members, the registered manager and the providers. We met, spoke, or engaged with 14 of the people who lived there and nine relatives. We also met and spoke with a district nurse. Not all of the people were able to fully communicate verbally with us so we spent time in communal areas and observed their interactions with staff and body language to determine their experience of living at the home. We looked at three people's care records, ten medicine records, accident records and the systems the provider had in place to monitor the quality and safety of the service provided. We also looked at two staff recruitment records and the training matrix.

# Is the service safe?

## Our findings

During our previous inspection of April 2014 we identified that staffing levels were not adequate. The provider told us that they would make changes. During this, our most recent inspection, some people told us that they felt that there were adequate staff others said that there were not. One person told us that at times they had to wait for support to use the bathroom. Another person said, “The staff are around if I need help”. A third person said, “When I press my buzzer (Call system) I do not have to wait an unreasonable length of time.” A relative said, “I think staffing is alright”. Another person said, “I think the staff are pushed at times but it does not impact on the care”. Our expert by experience observed that there were enough staff at mealtimes and people were helped to their seats by sometimes two staff. We looked at staff rotas and determined that during the period after lunch time and before tea time staffing numbers were reduced to five. During this time two of the five staff could be on their break. This would only leave three staff. Staff told us that they needed more staff during this period. A number of people required hoisting which was a task undertaken by two staff. We raised this with the provider and the registered manager who told us that they were recruiting staff and assured us that they would review staffing levels.

People who were able told us that they felt safe living at Beechcroft Residential Home. They told us that they felt very safe both in the daytime and at night. A person said, “Everything is ok I am safe”. A relative said, “I have no concerns”. Our observations showed that people who lived there were comfortable in the presence of staff. We saw that they approached staff and were comfortable to ask if they wanted anything.

A person told us, “When I need to go to the bathroom I feel safe to go as I am assisted by members of staff and know I won’t fall.” Staff we spoke with were aware of potential risks to people those concerning falls and illness. We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who lived there. We saw that the staff took care to transfer people from one place to another safely to prevent the risk of any injury. Staff told us and records confirmed that they had received first aid training.

People and relatives we spoke with told us that they were not aware of any abuse and had not encountered anything

of that kind. One person said, “No one has treated me badly”. A relative said, “I have never seen anything that worried me”. Staff spoken with knew how to recognise signs of abuse. A staff member confirmed that they knew of the whistle blowing procedure. They said, “Even if I saw a hint of malpractice, it would be reported. If it was very serious and can’t wait I would report to the Care Quality Commission”. Training records confirmed that staff had received training in safeguarding people and abuse prevention. We saw policies and procedures for safeguarding adults and contact numbers for the local safeguarding authority to make referrals or to obtain advice from was available to staff.

A new staff member confirmed that checks had been undertaken for them before they were allowed to start work. They said, “All my checks like references were got before I could start work”. We saw that pre-employment checks had been carried out. These included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults, due to abuse or other concerns. These systems minimised the risk of unsuitable staff being employed and people being placed at risk of harm.

We found that arrangements regarding staff leave had been made so that people would be supported appropriately by staff who knew them well. The registered manager and staff we spoke with told us that the staff team covered each other for holiday and sickness.

People told us that they were glad that staff looked after their medicines. One person said, “I am happy with that arrangement”. We observed medicine administration and saw that this was done safely. The staff member ensured that the medicine trolley was locked when unattended. We saw the staff member also ensured that people took their medicine before signing the record.

We looked at ten Medicine Administration Records (MAR) and found that processes in place did not always ensure medicines were managed safely. We saw that at least two MAR had been handwritten but had not been signed by two staff to ensure that what had been transcribed was correct. We saw that the number of each medicine for one person had not been recorded when received. We also found that at least two peoples medicine that had been prescribed to be given regularly had not been given or an explanation recorded as to why they had not been given. Staff told us

## Is the service safe?

that they were not in pain and did not need the medicine. They told us that they had not spoken with the GP about this so that they could consider prescribing the medicine as 'when needed' only.

We looked at how Controlled Drugs were managed. Controlled Drugs are medicines that require extra checks

and special storage arrangements. We found that storage for Controlled Drugs did not meet requirements as the security bolt was not robust enough. The registered manager told us that they would address this.

The registered manager had highlighted in the Provider Information Return (PIR) that they were aware that improvements were needed regarding medicine systems. They told us that a new pharmacy provider had been secured and that they planned to undertake more audits.

# Is the service effective?

## Our findings

All people and the relatives we spoke with told us that the service provided was effective. A person said, “It is a very nice place and we are looked after well”. A relative said, “I generally feel that the staff look after the people well. They look after my sister very well”. All staff we spoke with told us that in their view the care that was provided to people was good. A district nurse told us, “It is a good place. I have no concerns”.

The provider had systems in place for staff to give appropriate safe care and support to the people who lived there. A person told us, “I think that the staff are well trained to meet my needs. They always speak to me like they know what they are doing”. A staff member told us, “We are always up to date with lifting and handling, first aid and dementia and all other training”. The training matrix we looked at confirmed that staff had either received all the training they required or it had been highlighted that the training needed to be arranged. A new member of staff told us and records we looked at confirmed that they had received induction training. They said, “I had an induction. I looked at records and did training”. The registered manager was aware from 1 April 2015 they had to comply with the new ‘Care Certificate’ requirements for new staff. All staff we spoke with told us that they received supervision and support. Records we looked at confirmed this.

We saw throughout the day that staff asked people’s permission before carrying out tasks. A person said, “Oh the staff never just do things to us without explaining or asking us first”. Staff were seen to seek people’s consent before care or support was given. We heard staff explaining to people what they were going to do before completing transfers with the hoist. This reassured people and we saw they were happy with those staff actions.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a ‘Supervisory Body’ for authority to deprive someone of their liberty. Staff and relatives confirmed that where it was determined that a person lacked mental capacity they involved appropriate family members, advocates or health/social care professionals to ensure

that decisions that needed to be made were in the persons best interest. A relative said, “They always ask my view about everything and include me”. Staff we spoke with gave us an account of what capacity meant and what determined unlawful restriction and what they should do if they had concerns. This awareness and the actions taken prevented people having their right to freedom and movement unlawfully restricted.

All people we spoke with told us that they liked the food and drinks offered. A person told us, “The food here is very good except that it is not varied. However, there is a choice and if you don’t fancy what there is they would make you something else. I am never hungry”. Another said, “We have choices each meal time”. A relative told us, “I have eaten meals there myself. They are always very nice”. Menus that we looked at showed that people were offered a varied diet. We saw that mealtimes were flexible and responsive to meet people’s preferred daily routines.

A person told us, “We are offered drinks often and drinks are put in our room”. We saw that staff offered people drinks regularly throughout the day and encouraged them to drink. All staff we spoke with knew the importance of encouraging people to take a healthy diet and drink sufficient fluids to prevent illness. Staff including the cook gave us a good account of people’s individual dietary needs and what people could and could not eat due to health conditions, risks, their likes and dislikes. We found that where people had been assessed as being at risk from malnutrition or choking referrals had been made to health care professionals for advice. During meal times we saw that staff were available to give assistance to people who needed this. We saw that staff sat next to people and spoke with them to encourage them to eat and drink.

People confirmed that they attended health care appointments or that healthcare was accessed for them. A person told us, “We can see the doctor when we need to if it is urgent they will be called, I don’t have to wait long. The doctor also comes one day every week for routine things if we need them”. Another person said, “I see the optician, dentist if I want and the chiropodist comes in every five to six weeks to do our feet.” A relative said, “The staff always get the doctor when they need to”. Another said, “They have the district nurse and tissue viability nurse assess the [Their family member]”. Staff we spoke with and records that we looked at confirmed that staff worked closely with a wider multi-disciplinary team of healthcare professionals



## Is the service effective?

to provide effective support. This included specialist health care teams and speech and language therapists. A district nurse told us, “The staff are good. They refer promptly to us and ask advice when they need to and follow our instructions”.

# Is the service caring?

## Our findings

All of the people we spoke with told us that the staff were caring. One person said, “When administering care to me the staff are kind and gentle”. Another said, “The staff are very kind”. A relative said, “The staff are very caring”. We saw that staff showed an interest in people. They sat by people and listened what they said. We observed staff interactions with the people who lived there. We heard staff speaking in a friendly way to people. One person got upset when their visitor’s were leaving. We saw that staff noticed this and responded immediately to comfort them. The person reacted well to this and was calm and happy.

One person told us, “I feel that the staff are polite”. A relative said, “The staff are always polite and friendly when we visit”. Records confirmed people’s preferred name and we heard staff using that name. One person told us, “I was ill and felt embarrassed but staff responded quickly and looked after me so well”. Staff we spoke with were able to give us a good account of how they promoted dignity and privacy in every day practice. This included knocking bedroom doors and waiting for a response before entering and ensuring that people were appropriately covered when personal care was provided. However, our observations showed that at least three people were left queuing outside the hairdressing room for their hair to be done which did not promote dignity. We spoke with the registered manager about this who told us that they would address the issue with staff.

A person said, “I wear what I want to everyday”. Other people told us that staff supported them to select the clothes they wished to wear. We saw that people wore clothing that was appropriate for their age, gender and the weather. A relative told us, “I have never seen any of the people looking unkempt or scruffy. They always look clean and tidy”. We saw that some people had their nails polished and wore beads. One person said, “I like to wear my beads”. People we spoke with told us that the hairdresser visited the home regularly to provide a service. One person said, “I feel good when I have had my hair done”. This demonstrated that staff knew people’s individual wishes and choices concerning their appearance and had supported them to achieve this.

A person said, “I like to carry on doing what I can for myself”. Another said, “I do most of my personal care myself but I will be assisted when I need it”. At mealtimes we heard staff encouraging people to eat independently and we saw that they did. This highlighted that staff knew it was important that people’s independence was maintained.

All people we spoke with told us that they could have visitors at any time. One person said, “My family visit whenever they want to”. Relatives told us that they visited when they wanted to. A relative said, “We visit at least five times a week and are made to feel welcome”. Another relative said, “At Christmas I had a Christmas dinner with Mum in a little room. It was lovely, so special”.

# Is the service responsive?

## Our findings

A person said, “The staff ask me how I want things done”. Other people and their relatives also told us that staff involved them in care planning so they could decide how they wanted their (or their family member’s) care and support to be delivered. A relative told us, “I was not personally involved in mum’s care plan but I know that my sister was”. Another relative said, “We have always been involved in care and planning”. Records we looked at and staff we spoke with confirmed that where required people’s needs were reviewed by the local authority and other health or social care professionals. These processes enabled the provider to confirm that they could continue to meet people’s needs in the way that they preferred.

Staff had a good knowledge of people’s needs. When we asked them questions about people’s care plans they were able to give us a good account of their needs and what they needed to do to meet them. However, one care plan was not detailed enough. The person had a recommendation list from the speech and language therapist. Although staff gave us an account of how they ensured the recommendations were met on a daily basis this was not reflected in the person’s care plan. We raised this issue with the registered manager who told us that they would address it.

The provider knew that it was important that people were offered the choice to continue their preferred religious observance if they wanted to. Staff told us and records confirmed that people had been asked and offered support to attend religious services.

All people we spoke with told us that a range of activities were offered every day. One person said, “We do exercise and bingo”. Records that we looked at and staff we spoke with confirmed that this was correct. The provider employed a staff member to undertake activities. We saw that people were offered the opportunity to go out into the community and on outings. We also determined that external providers came to the home to do shows. During our inspection an provider came to do an exercise session. We saw that people participated in the session and enjoyed it. They were laughing, smiling and looked happy. The mobile library visited once a month which enabled people to select books. The activity staff member told us about an allotment that was situated in the garden area. They told us that people were encouraged to tend the allotment in the good weather months and that this was a popular activity.

All people and their relatives told us that if they were not happy about something they would feel comfortable to raise this with staff or the registered manager. One person said, “I would tell the staff. I would be happy to do that”. Another said, “If I did have concerns I would let my carer know or I would speak to the person on reception”. A relative said, “I would go to the senior staff or manager. When I have raised little issues before they have addressed them”. We saw that a complaints procedure was in place and that a log was available to record any complaints. No complaints had been made. This showed that the provider had a system in for people and their relatives to access if they were not satisfied with any part of the service they received.

# Is the service well-led?

## Our findings

During our previous inspection of April 2014 we identified that quality monitoring processes were not adequate. The provider told us that they would make changes. During this, our most recent inspection, we saw that audits were carried out on a regular basis regarding accidents and falls and management. However, we found that further improvement was needed. We identified concerns regarding some aspects of safety and medicine management recording and storage systems. These issues should have been identified and rectified as part audit and observation processes but were not. We also found that staffing levels required a review to ensure that there were enough staff, at all times, to meet peoples needs.

We saw that there was some exposed copper pipe work in one bathroom (where the assisted bath was located). This felt hot to touch when the hot water was flowing through and was a potential skin burn hazard. The registered manager told us that they would resolve the issue as a matter of priority.

We saw that three mattresses had been stored in a stair well. If a fire broke out these could source the fire to spread quickly up the stairs. We spoke with the registered manager about this. They told us that the mattresses had not been there long. By the end of the inspection the mattresses had been removed. The provider told us in future they would ensure a staff member was delegated the responsibility to ensure that items that should not be stored under the stairs, were not.

We looked at parts of the premises and saw that a new carpet had been provided in one lounge and new garden furniture had been purchased. However, we saw that some replacement and refurbishment was needed. Carpets in the second lounge, and the ground corridors were frayed and some toilets and bathrooms were in need of refurbishment. The registered manager told us they knew that bathrooms required redecoration and that the second lounge carpet was in need of replacement. They told us that they did not have a planned refurbishment programme, it was not included in their management processes, but they would implement one. The provider also gave assurance that this would be done.

People and their relatives told us that in their view the service was well-run. A person said, "It is a good home". A

relative told us, "I think it is a well-run home". A staff member said, "This is one of the best companies to work for". A district nurse said, "I would have no problems recommending this place for one of my relatives".

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by senior care staff.

The registered manager made themselves available and were visible within the home. The people we spoke with all said that they knew who the manager was, named him and told us where they could find his office. Relatives we spoke with also knew who the manager was. A relative said, "If there are any issues we can go and see the manager. I feel comfortable to do that." A staff member told us, "It is good to have a change in management. The manager is approachable and the changes they have made has improved things for the people".

Both providers visited the home regularly and we saw that they produced a monthly written report of what they looked at and who they spoke with during audit visits. The registered manager was new they commenced work there in January 2015. They told us that they were aware that there was work to be done to improve. They provided us with a list of 30 improvements they had made since being in post which included, a review of staff rotas, a wider choice of main meals at lunch time, signing up for the Care Quality Commission newsletter (to ensure that were up to date with new ways of working, methodology and requirements) and provider portal account, providing staff name badges and securing accredited medicine training for staff.

Conditions of registration were met and the provider kept us informed of events and incidents that they are required to notify us of. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The completed PIR generally highlighted the areas that needed improvement that we determined during our inspection.

Staff we spoke with told us that they felt supported in their job role. One staff member said, "We as staff are supported. The manager is approachable". Another said, "I asked for

## Is the service well-led?

something the other day that I had asked for before the new manager came here. The new manager sorted it straight away". Staff told us and records we looked at confirmed that staff meetings were held.

We saw that a written policy was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with knew of the whistle blowing policy and gave us assurance that they would use it if they learnt of or witnessed bad practice.

We saw that surveys were used by the provider on an annual basis. We saw that the feedback from the last completed surveys were mostly positive. We saw and staff told us that they were also asked by the provider to complete surveys on an annual basis.

One person told us "We do have dates for meetings". Another said "I attend meetings and always have something to say not afraid to voice my opinions. When I do they are acted upon if possible". A staff member said, "Things that are brought up in meetings are acted upon". The registered manager told us and minutes we saw confirmed that meetings were held for the people who lived there so that they could make suggestions and raise issues. We found that some changes had been made as a result of what people had said. These included activities and menu changes.